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TRANSMITTAL FORM

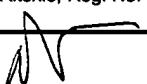
(to be used for all correspondence after initial filing)

		Application Number	10/737,206
		Filing Date	December 15, 2003
		First Named Inventor	Xiaoling Fang
		Art Unit	2643
		Examiner Name	Phylesha Larvinia Dabney
Total Number of Pages in This Submission	14	Attorney Docket Number	SNX-0036

ENCLOSURES (check all that apply)

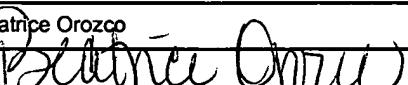
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David B. Ritchie, Reg. No. 31,562
Signature	
Date	11-30-2004

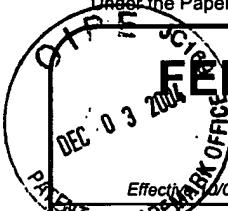
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Signature			

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FEES TRANSMITTAL for FY 2005

Effective 01/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)
110**Complete If Known**

Application Number	10/737,206
Filing Date	December 15, 2003
First Named Inventor	Xiaoling Fang
Examiner Name	Phylesha Larvinia Dabney
Art Unit	2643
Attorney Docket No.	SNX-0036

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Other None
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 Deposit Account:

Deposit Account Number	50-1698
Deposit Account Name	Thelen Reid & Priest LLP P.O. Box 640640 San Jose, CA 95164-0640

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	22	-22 **	Extra Claims	Fee from below	Fee Paid
			=	X	=
Independent Claims	6	-6 **	= 0	X 88	= 0
Multiple Dependent				X	= 0
Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$ 0)			

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) (1814) Statutory Disclaimer		110	
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	
		(\$ 110)	

**or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name (Print/Type)	David B. Ritchie	Registration No. (Attorney/Agent)	31,562	Telephone	(408) 292-5800
Signature				Date	11-30-2004

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